

# Vermont

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## State CARE Act Program Profile

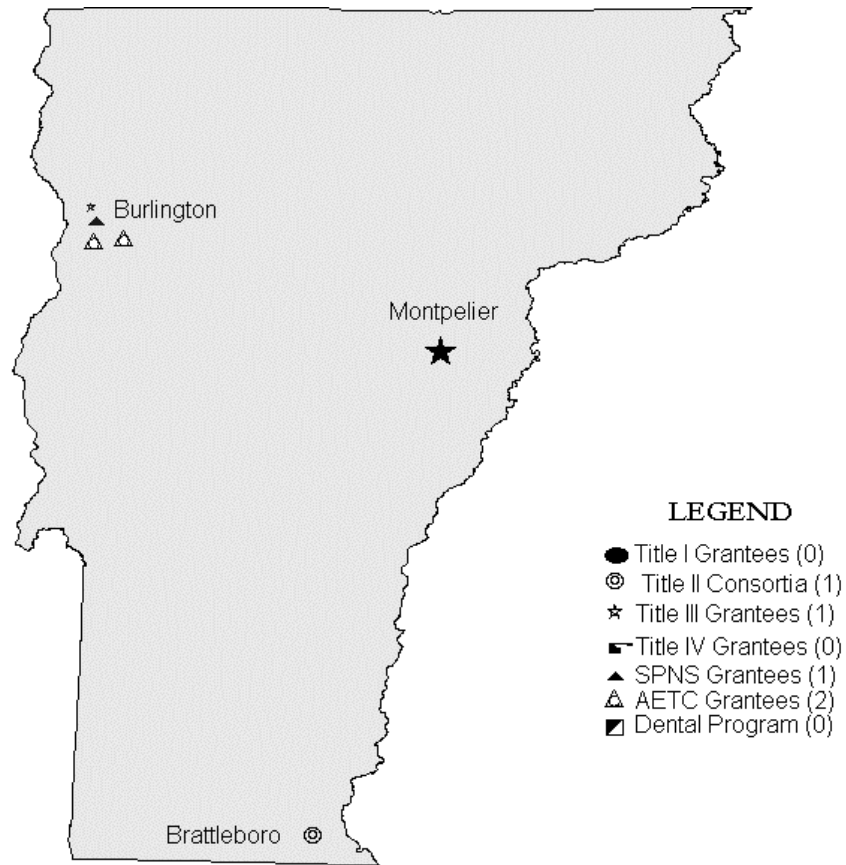
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$279,529	\$342,140	\$404,394	\$1,026,063
ADAP	(\$29,529)	(\$92,140)	(\$154,394)	(\$276,063)
Title III	\$0	\$0	\$250,310	\$250,310
Title IV	\$0	\$0	\$0	\$0
SPNS	\$434,652	\$431,720	\$89,977	\$956,349
AETC	\$31,000	\$24,531	\$31,000	\$86,531
Dental	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$745,181</b>	<b>\$798,391</b>	<b>\$775,681</b>	<b>\$2,319,253</b>

### Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	0	0	1
Title IV	0	0	0
SPNS	1	1	1
AETC (grantee or subcontractor)	2	2	2
Dental	0	0	0

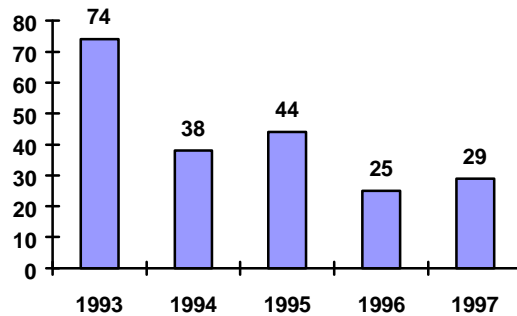
## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Vermont (Pop. 588,978)

- ▶ Persons reported to be living with AIDS through 1997: 145
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 210 (<1% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	100%	78%
Women (13 years and up):	0%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	90%	33%
African American:	7%	45%
Hispanic:	0%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	3%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	59%	35%
Injecting drug user (IDU):	14%	24%
Men who have sex with men and inject drugs (MSM/IDU):	21%	4%
Heterosexual contact:	0%	13%
Other, unknown or not reported:	7%	24%

## Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	68.1	194.5
Gonorrhea (1996)	8.0	124.0
Syphilis (1996)	0	4.3
TB (1997)	1.0	7.4

## Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** medical and dental care; financial support; housing; culturally-competent services; access to information about locally-available resources; and access to uniform, quality HIV services for PLWHs across the State

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	200% FPL
Medically Needy	81% FPL

\*Income eligibility for State's ADAP program is 200% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** Yes

Beneficiary groups: All current Medicaid eligible groups, except dual eligibles, individuals receiving long term care services and those spending down to become eligible for the Medically Needy Program. Poor adults and children with incomes up to 150% FPL and Medicare beneficiaries with household incomes below 150% FPL (prescription drug benefit only).

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

**1915(b) waiver(s):** No

## Title II: Vermont

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$279,529	\$342,140	\$404,394	\$1,026,063
ADAP (included in Title II grant)	(\$29,529)	(\$92,140)	(\$154,394)	(\$276,063)
Minimum Required State Match	\$0	\$0	\$0	\$0

### Allocation of Funds

	1998
Health Care (State Administered)	\$250,000/62%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$250,000)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$62,000/15%
Health Care*	(\$27,000)
ADAP/Treatment	(\$0)
Case Management	(\$35,000)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$30,529/8%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Vermont HIV/AIDS Care Consortium	Brattleboro	Statewide	\$71,728

## Accomplishments

### ► Improved Patient Access

- The State-administered ADAP expanded from 60 clients in 1996 to 74 in 1997 (23%). As of May 1998, the total number of enrolled clients increased another 50%. Monthly utilization is approximately 90 clients.
- The number of clients receiving triple combination therapy has increased from approximately 34% of ADAP participants in 1996 compared with almost 80% by mid-1998.
- New services designed to improve access for HIV-infected women to primary health care, treatment, and support services were established in 1997 in cooperation with the Twin State Women's Network, serving both New Hampshire and Vermont.
- In 1997, for the first time, service coordination and care management became available in all 14 counties, improving access to local and state services, especially in rural areas.
- In 1997, the comprehensive care clinic in Burlington opened three satellite offices in Rutland, Brattleboro, and St. Johnsbury, through CARE Act funding under the SPNS program. All Title II-funded programs expanded their service areas. As a result, it is estimated that over 90% of all HIV-infected persons in the state are accessing medical care and treatment.
- To better reach individuals who have been incarcerated, ADAP information began being distributed to case managers with the corrections system in 1997.

### ► Cost Savings

- In 1997 and 1998, the ADAP negotiated voluntary manufacturers' rebates from pharmaceutical companies.

► **Other Accomplishments**

- The grantee conducted cultural competency training for service providers during 1997.
- A new computerized information database was developed in 1997, with information on more than 600 providers statewide. The database is now available to consumers on the Internet as well as via a hotline through a cooperative effort with other CARE Act-, CDC-, and State-funded HIV-related programs.
- An ADAP Advisory Committee was formed in 1997 that includes four consumers and four physicians as well as a medical ethicist. The committee's recommendations are reviewed by the State Epidemiologist and the Commissioner of Health, in consultation with the Chief Financial Officer for the Department of Health, to establish if the recommendations are medically sound and financially feasible for the program.
- The grantee held two statewide training conferences for medical providers.



## AIDS Drug Assistance Program (ADAP): Vermont

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$118,529	\$249,980	\$312,234	\$680,743
State Funds	\$0	\$200,000	\$200,000	\$400,000
Total	\$118,529	\$449,980	\$512,234	\$1,080,743

### Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 40 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: A subcommittee comprised of physicians, PLWH, and a medical ethicist makes recommendations on the formulary to the program's Advisory Committee.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	125
Number using ADAP each month:	90
Percent of clients on protease inhibitors:	90%
Percent of active clients below 200% FPL:	100%

## Client Profile, FY 1996

Men:	100%
Women:	0%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

## Title III: Vermont

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	0	0	1	
Total Title III funding in State	\$0	\$0	\$250,310	\$250,310

### Accomplishments

#### ► Improved Patient Access

- The four Comprehensive Care Clinics of Fletcher Allen Health Care, which are the only HIV specialty clinics in the State, provide complete medical care for PLWH. Between 1993 and 1996, the number of clients served increased by 19%. In 1998, Fletcher Allen Health Care was awarded a Title III grant to establish an early intervention program.

### Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Fletcher Allen Health Care	Burlington	Statewide	Hospital/University-based Medical Center

## Special Programs of National Significance (SPNS): Vermont

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$434,652	\$431,720	\$89,977	\$956,349

### Project Descriptions

#### ► University of Vermont

**Location:** Burlington

**Project period:** 10/94 - 9/99

**Population Served:** HIV-infected individuals

**Description of Services:** The Rural HIV project establishes a model for expanding and improving HIV service delivery in Vermont's rural areas. Prior to this effort, HIV-positive persons from remote parts of the state often had to travel several hours over mountain roads to access specialty care. Because nearly half the clients in this population have an AIDS diagnosis by the time they receive care, increasing their access to services is a high priority. The University of Vermont project established three state-of-the-art HIV clinics throughout the state to improve access to comprehensive medical care and psychosocial services. The project model also includes an education component to improve knowledge of HIV care among local health care providers.

#### Project Highlights

- The project established three rural HIV specialty clinics in regional hospitals in Rutland, Brattleboro, and St. Johnsbury, each staffed with an HIV/AIDS specialist, nurse practitioners trained in HIV care, a hospital social worker, and regional AIDS Service Organization representatives.
- The clinics provided services to 114 HIV-positive clients, almost half of whom had AIDS at the time of their initial visit. The clinics performed 460 follow-up visits.
- Satellite sites have had a significant impact on two fronts, dramatically decreasing clients' travel time and increasing the likelihood of PLWH pursuing care. Previously, 50% of clients reported having to drive more than an hour to reach a clinic, and 55% said travel time was a major barrier to their seeking treatment. Now, 85% live within 30 minutes of a clinic.

- The project strengthened Vermont's provider base by initiating an HIV/AIDS training program for local primary care doctors.

## AIDS Education and Training Centers: Vermont

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ New England AETC
- ▶ States Served: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- ▶ Primary Grantee: New England AETC, Brookline, MA
- ▶ Subcontractors in State: University Health Center - Burlington  
Vermont HIV/AIDS Care Consortium - Burlington

### Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$31,000	\$24,531	\$31,000	\$86,531

### Training Highlights from FY 1997

- To provide information on PHS treatment guidelines, the AETC offered sessions designed to address the diverse training needs of health care providers, depending upon their clinical settings. Offered in one-, two-, or three-hour modules, program sessions were held at community health centers, regional meetings or professional provider associations, at in-service or grand rounds sessions, and as training programs open to all interested providers.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, the AETC developed a comprehensive two-day course. The curriculum featured the full scope of patient-clinician interactions and the course included lecture presentations, case discussions, and roundtable and panel discussions featuring people living with HIV.
- “HIV/AIDS Updates and Case Discussion: A Program for Community Health Center Providers” is a monthly series that brings together a variety of clinicians experienced in HIV care and treatment issues from sites throughout the Boston area. Each month’s session features an expert who presents a topic relevant to HIV/AIDS care, treatment and research. Participants are invited to bring cases from their own practices, which are then discussed by participants.

- To highlight the needs of women living with, or at-risk of, HIV disease and the challenges faced by their providers, the AETC developed a three-hour program titled “Women, HIV, and Reproductive Care.” The goals of the program include: to describe current knowledge of HIV transmission and treatment; to identify the medical, social and emotional issues faced by women with HIV; to demonstrate skills for incorporating counseling patients about reproductive decision-making, HIV disease, and HIV testing into the providers’ clinical settings; and to identify strategies to provide effective counseling and testing for women while considering cultural health practices, beliefs, and linguistic differences.
- The AETC developed an interactive program that allows participants to examine new and emerging therapies. “HIV Resistance, Treatment Sequencing, and Adherence Issues: A Roundtable Forum” features multidisciplinary, participatory roundtable discussions in which participants examine clinical case scenarios and propose treatment options in an informal group setting. The three-hour program begins with a presentation that is followed by roundtable discussions. Each roundtable is facilitated by a clinician. Participants are assigned to tables so that in each discussion a variety of disciplines are represented.
- The “Nurse Practitioner/Nurse Practitioner Student Clinical Site Training” is a clinical training program that has offered up to 98 hours of clinical experience over 13 weeks to students in a practice that focuses solely on HIV disease. The clinical practicum takes place at the clinic and during home visits, providing an opportunity for participants to experience a full spectrum of HIV-related treatment and care strategies and interventions.